MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09816

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH · COUNTY: Kent — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne's	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Estalina (Middle) Deringer (Last) Corey

4. DATE OF DEATH: (Month) 10 (Day) 28 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) married

8. DATE OF BIRTH: Nov 3, 1892

9. AGE last birthday: 56 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harvey Clay Deringer

14. MOTHER'S MAIDEN NAME: Alice Hurtt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Roland R. Corey - Chestertown, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Sigmoid & Rectum	1948
154 Antecedent cause(s)		
46d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) General Metastasis of Parts	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-17-1946

19b. MAJOR FINDINGS OF OPERATION: Cancer of Sigmoid & Rectum

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1948, to Oct 28, 1949, that I last saw the deceased alive on Oct 28, 1949, and that death occurred at 9.30 P. m., from the causes and on the date stated above.

SIGNATURE: Frank W Smith (Degree or title) — ADDRESS: Chestertown — DATE SIGNED: Oct 29/49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial — DATE: 10-31-49 — NAME OF CEMETERY OR ~~CREMATORY~~: St Paul's — LOCATION (City, town, or county): Chestertown — (State): Maryland (R.F.D.)

DATE REC'D BY LOCAL REG.: Oct. 29-1949 — REGISTRAR'S SIGNATURE: Clara S. Barnes. — 24. FUNERAL DIRECTOR: Jessie W. Milton — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 2 1949
BUREAU T. S.

09817

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Galena
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Galena
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) William R. (Middle) Ford (Last)
4. DATE OF DEATH (Month) Oct (Day) 8 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Jul 24, 1936
9. AGE last birthday 13 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School
10b. KIND OF BUSINESS OR INDUSTRY School
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm Wheatley
14. MOTHER'S MAIDEN NAME Hester Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Mrs Ralph Turner, Golts Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Fracture skull
Brain laceration
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture spine
(c)

812.5
170c

INTERVAL BETWEEN ONSET AND DEATH: Immediate

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway (CITY OR TOWN) Near Galena (COUNTY) Kent (STATE) Md
TIME OF INJURY (Month) Oct (Day) 6 (Year) 1949 (Hour) 30 m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? Struck By Auto.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Ralph Turner, M.D. (Degree or title) Deputy Med Exam. ADDRESS Chestertown Md DATE SIGNED Oct 7/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 9/1949
NAME OF CEMETERY OR CREMATORY Millington
LOCATION (City, town, or county) Millington (State) Md.

DATE REC'D BY LOCAL REG. 10-8-49
REGISTRAR'S SIGNATURE Elizabeth J. Mulford
24. FUNERAL DIRECTOR Edward Pellow ADDRESS Millington Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 11 1949
BUREAU V. S.

Evidence for change of age shown on Film No. G 122

FILM No. G 122 OCT 7 1949

09818

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) Spring ave.

3. NAME OF DECEASED (Type or Print): (First) Adlaide (Middle) A. (Last) Glascock

4. DATE OF DEATH: (Month) Oct. (Day) 1 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Dec 14 1869

9. AGE last birthday: 79 ~~80~~ yrs. | If under 1 year: Months. Days. | If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: School teacher

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William A Glascock

14. MOTHER'S MAIDEN NAME: Mary Jane Glascock? - Pringle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Thomas W. Chain Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	12 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary arteriosclerosis	2-3 years
	(c)	

420.1 61

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 10-15 years

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 30 1949, to Oct 1, 1949, that I last saw the deceased alive on Oct 1, 1949, and that death occurred at 10 a.m., from the causes and on the date stated above.

SIGNATURE: Robert W. Farr (Degree or title) M.D. ADDRESS: Chestertown, Md. DATE SIGNED: 10-3-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: Oct. 4, 1949 | NAME OF CEMETERY OR CREMATORY: Druid Ridge | LOCATION (City, town, or county) (State): Baltimore Maryland

DATE REC'D BY LOCAL REG.: Oct. 3-1949 | REGISTRAR'S SIGNATURE: Clara L. Barnes. | 24. FUNERAL DIRECTOR ADDRESS: Marvin V. Williams - Chestertown Md.

VS. A15

RECEIVED
OCT 5 1949
BUREAU V. R.

8:05

Evidence for addition in 18a shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09819

CERTIFICATE OF DEATH

Reg. Dist. No. 202

FHM No. G 122 NOV 23 1949

The correct age

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Kent; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown; LENGTH OF STAY (in this place): all life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 941 W. High	STREET ADDRESS (If rural, give location): High St.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Bessie	L.	Hussey		Oct.	2	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Dec. 23 1889	59 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper	home	Near Worton Kent Co. Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles H. Hurd	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.		—	James B. Hussey (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lobar Pneumonia (Terminal) (11/22/49 OS)	30 days
422.2 Antecedent cause(s)	(b) Hypostatic	6 months
108 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	None	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
No				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.	None	None.

22. I hereby certify that I attended the deceased from Oct 1, 19 49, to Oct 5, 19 49, that I last saw the deceased alive on Oct 5, 19 49, and that death occurred at 8 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Frank H. Neo MD ADDRESS: Chestertown Md. DATE SIGNED: Oct 2/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 5 1949	Chester	Chestertown Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 3 -1949	Clara L. Barnes.	Marvin V. Williams	Chestertown Md.

VS. A15

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OCT 6 1949
BUREAU V. R

#1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10219

CERTIFICATE OF DEATH

Reg. Dist. No. 201

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Kent Co — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Still Pond, — LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Still Pond md.
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Andrew	W.	LeSage	Oct	31.	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	widowed	Nov 1865	83 yrs.	11	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farm	Crumpton md	U S A

13. FATHER'S NAME David LeSage — 14. MOTHER'S MAIDEN NAME Martha R. Coleman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT Mrs Oliver Nicholson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

581.0 **Immediate cause** (a) Chronic Interstitial Nephritis

1246 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cirrhosis of Liver & Arterial Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—			

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Oct 20, 1949, to Oct 31, 1949, that I last saw the deceased alive on Oct 31st, 1949, and that death occurred at 4 A.M., from the causes and on the date stated above.

SIGNATURE L. P. Atwell (Degree or title) M.D. ADDRESS Still Pond DATE SIGNED 11/1/49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov 2 1949	Sudlersville md	Sudlersville,	md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/1/49	E Kennard Jones	B R Fellows	Still Pond md

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BUREAU U. S.

09820

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chester Town — LENGTH OF STAY (in this place) all Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lambert Home - Chestertown RD #2	STREET ADDRESS (If rural, give location) Chestertown R.D. #2

3. NAME OF DECEASED (Type or Print)	(First) Joseph	(Middle) W	(Last) Lewis	4. DATE OF DEATH	(Month) Oct. (Day) 21 (Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH March 1 1890	9. AGE last birthday 59 yrs.	If under 1 year Months. Days / If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY Merchant	11. BIRTHPLACE (State or foreign country) Kent Co. Maryland.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Joseph Lewis			14. MOTHER'S MAIDEN NAME Martha Slagle		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. —	17. INFORMANT Della Lewis		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	Instantaneous
420.1 Antecedent cause(s)		
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis -	3-4 years
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus	4 years

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-21, 1949, to 10-21, 1949, that I last saw the deceased alive on 10-21, 1949, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. Bert Warr	M.D.	Chestertown Md	10-22-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 23, 1949	Chester	Chestertown Maryland.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 23, 1949.	Clara S. Barnes.	Marvin V. Williams	Chestertown

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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OCT 25 1949
BUREAU U. S.

09827

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown (rural) — LENGTH OF STAY (in this place): 30 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland. — COUNTY: Kent.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown (rural).
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Oathman (Middle) Allen (Last) MalDolm.
4. DATE OF DEATH: (Month) 10 (Day) 21 (Year) 1949.
5. SEX: Male.
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 5th. 1894
9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Marion MalDolm
14. MOTHER'S MAIDEN NAME: Nellie Allen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Henrietta M. Towner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Mitral Insufficiency, Decompensation — 1½ mos.

442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic Endocarditis — 8 or 10 years, estimated.

131a (c) Chronic Parenchymatous Nephritis. A Cardio-Renal case.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): none — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 13, 1949, to Oct. 21, 1949, that I last saw the deceased alive on Oct. 21, 1949, and that death occurred at 11 p.m., from the causes and on the date stated above.

SIGNATURE: Harry L. Dodd, (Degree or title) M.D. — ADDRESS: Chestertown, Md. — DATE SIGNED: Oct. 22, 1949.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Oct. 24, 1949 — NAME OF CEMETERY OR CREMATORY: Spesutia Cemetery — LOCATION (City, town, or county): Perryman's, Harford — (State): Md.

DATE REC'D BY LOCAL REG.: Oct. 22-1949 — REGISTRAR'S SIGNATURE: Clara S. Barnes.
24. FUNERAL DIRECTOR: Henry Tarring and Sons — ADDRESS: Aberdeen, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 20 1949
BUREAU V. S.

09821

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH COUNTY Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Massey — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Massey
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) JOHN	(Middle) W.	(Last) NAYLOR	4. DATE OF DEATH	(Month) October (Day) 21 (Year) 1949
5. SEX M.	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH March 24, 1883	9. AGE last birthday 66 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Delaware	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Naylor	14. MOTHER'S MAIDEN NAME Martha Heathers				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —	16. SOCIAL SECURITY NO. —	17. INFORMANT Mrs. Helena Naylor.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary arterial disease	3 days
420.1 Antecedent cause(s)	(b) Hypertensive Heart Disease	several years
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) none	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) none	(CITY OR TOWN) — (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —	

22. I hereby certify that I attended the deceased from Oct 19, 1949, to Oct 21, 1949, that I last saw the deceased alive on Oct 21, 1949, and that death occurred at 8 47 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. H. Hamilton	M.D.	Millington Md	Oct 24/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Oct. 24, 1949	NAME OF CEMETERY OR CREMATORY Galena Cemetery	LOCATION (City, town, or county) Galena,	(State) Md.
DATE REC'D BY LOCAL REG. Oct. 24, 1949	REGISTRAR'S SIGNATURE Edward Fellows.	24. FUNERAL DIRECTOR Edward Fellows.	ADDRESS Millington Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 28 1949
BUREAU V. S.

09822

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton — LENGTH OF STAY (in this place) All life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Worton
HOSPITAL OR INSTITUTION OR STREET ADDRESS Porter Farm - Worton.	STREET ADDRESS (If rural, give location) Near Worton

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Ella (Last) Parsons

4. DATE OF DEATH (Month) Oct. (Day) 8 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under Months.	1 year Days	If under 24 hrs. Hours	Min.
Female	White	Widowed	Sept. 21 1876	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	Farming	Worton Kent Co. Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George M Porter	Mary Jane Snitcher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.		–	Mary J. Parsons.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pernicious Anemia

2900 Antecedent cause(s)

73a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pernicious Anemia — 4 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from ....., 1945, to Oct 7, 1949, that I last saw the deceased alive on Oct 7, 1949, and that death occurred at 2.9 PM m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank W Smith		Chestertown	Oct. 10/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	Oct. 10 1949	Union	Worton, Kent Co. Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 10-1949	Clara S. Barnes.	Marvin V. Williams - Chestertown Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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OCT 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09823

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Kent; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS High St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural give location) High

3. NAME OF DECEASED (Type or Print): (First) Bennett (Middle) Tominson (Last) Rust

4. DATE OF DEATH: (Month) Oct. (Day) I7th (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: June 9, I859

9. AGE last birthday: 90 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brakeman

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Talbott Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Harry B. Rust Chestertown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage.

Antecedent cause(s) (b) Arterio Sclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

334
830

INTERVAL BETWEEN ONSET AND DEATH: 4 Days; yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☒ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 4 19 49 to Oct 17, 19 49, that I last saw the deceased alive on Oct 14, 19 49, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

SIGNATURE Dr. J. Wells (Degree or title) ADDRESS Chestertown Md DATE SIGNED Oct 19 1949

23. BURIAL, CREMATION / REMOVAL (Specify): Burial

DATE: Oct. I9, I949

NAME OF CEMETERY OR CREMATORY: Chester Cem.

LOCATION (City, town, or county) (State): Chestertown, Maryland

DATE REC'D BY LOCAL REG.: Oct. 18 - 1949

REGISTRAR'S SIGNATURE: Clara S. Barnes.

24. FUNERAL DIRECTOR ADDRESS: J. Willis Wells - Chestertown, Md.

VS. A15

RECEIVED
OCT 20 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

09824

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH COUNTY: Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — LENGTH OF STAY (in this place): Hospital	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen Anne County	STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Young	(Last) Shearer	4. DATE OF DEATH	(Month) Oct (Day) 30 (Year) 1949
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: May 4, 1867	9. AGE last birthday: 82 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none	10b. KIND OF BUSINESS OR INDUSTRY: none	11. BIRTHPLACE (State or foreign country): Clyde, New York	12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME: George L. Shearer	14. MOTHER'S MAIDEN NAME: Mary Ketcham				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service): no	16. SOCIAL SECURITY No.: no	17. INFORMANT AND ADDRESS: Miss. Edith Shearer (Sister)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinomatosis	6 months
153 Antecedent cause(s)		
46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Primary carcinoma of colon	8 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 12, 1949, to Oct 30, 1949, that I last saw the deceased alive on Oct 30, 1949, and that death occurred at 4:58 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R Lutz Farr	M.D.	Chestertown, Md	10-31-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Nov. 2, 1949	NAME OF CEMETERY OR CREMATORY: Ashland Cem	LOCATION (City, town, or county) (State): Carlisle Cumberland Co Pa.
DATE REC'D BY LOCAL REG.: Oct. 31-1949	REGISTRAR'S SIGNATURE: Clara S. Barnes.	24. FUNERAL DIRECTOR: J. Willis Wells -Chestertown, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

09825

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Ann — MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Kent — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Jesse (Middle) L (Last) Shelton

4. DATE OF DEATH: (Month) October (Day) 13 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-17-84

9. AGE last birthday: 65 yrs. — If under 1 year: Months. Days. — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook and steward

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oscar Shelton

14. MOTHER'S MAIDEN NAME: Georgeana George

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized abdominal carcinomatosis — 43 days

153 Antecedent cause(s)

46e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Carcinoma of the colon — 9 mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-6-49

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the sigmoid colon

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-29-49 to 10-13-49, 19....., that I last saw the deceased alive on 10-12-....., 19..49 and that death occurred at 12:45 A m., from the causes and on the date stated above.

SIGNATURE: A. C. Sick — (Degree or title) M.D. — ADDRESS Chestertown, Md. — DATE SIGNED 10-13-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Oct. 15, 1949 — NAME OF CEMETERY OR CREMATORY: Hillside Cem. — LOCATION (City, town, or county) (State): Middletown - Orange Co. N.Y.

DATE REC'D BY LOCAL REG.: Oct. 13-1949 — REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR — ADDRESS: J. Willis Wells - Chestertown, Maryland

VS. A15

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OCT 15 1940
BUREAU V. S

09826

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 203

1. PLACE OF DEATH · COUNTY Kent · MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland · COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Rock Hall · LENGTH OF STAY (in this place) 9 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall. R.R.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Christina	(Middle) —	(Last) Walbert	4. DATE OF DEATH	(Month) Oct. (Day) 27 (Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Oct. 18-49	9. AGE last birthday X yrs.	If under 1 year Months Days 9 · If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) New Rock Hall Kent Co	12. CITIZEN OF WHAT COUNTRY? W.T.	
13. FATHER'S NAME Wilbur Walbert			14. MOTHER'S MAIDEN NAME Mary Pittermington		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. —	17. INFORMANT Wilbur Walbert - Father		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Exsanguinated possibly Rh. Anemia 9 days

770.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Premature 10 days. wght. 5 : 1 oz.

159 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Particles of Decomposed blood in expressed stool.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from No Medical to Attention, that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank W Smith		Chestertown Md Deputy Medical Examiner	Oct 28/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Oct 28/49	NAME OF CEMETERY OR CREMATORY Wesley Chapel	LOCATION (City, town, or county) Rock Hall Kent	(State) Md
DATE REC'D BY LOCAL REG. 10/28/49	REGISTRAR'S SIGNATURE S. Elwood Burgess	24. FUNERAL DIRECTOR B R Fellows	ADDRESS Still Pond Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

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NOV 5 1949
BUREAU F. S.